

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF NEW YORK

PRO BONO FUND VOUCHER
AND REQUEST FOR REIMBURSEMENT

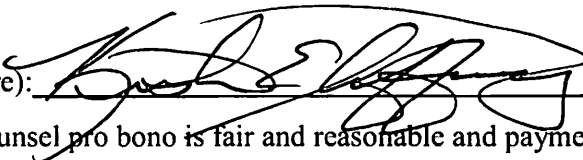
I, Kirstin E. Tiffany, duly appointed as counsel pro bono to
represent Richard Sposato in the matter of
Sposato v. Caret, et al.

Civil Action No. 5:23-CV-364, hereby request reimbursement pursuant to Local Rule 83.2
for expenses incurred in the representation of my pro bono client in the amount of \$ \$ 68.88.

I certify that the expenses, a detailed copy of which are attached hereto, are reasonable
and necessary. I further understand that absent prior approval of the court, cumulative expenses
in this matter will not exceed \$2,000.00.

Dated: November 21, 2024.

Counsel Pro Bono (Signature):



The above application of counsel pro bono is fair and reasonable and payment is
requested from the Northern District of New York's Pro Bono Fund.

Dated: 11/21/24.

Presiding Judge (Signature): _____

IT IS SO ORDERED.

Dated: _____.

Chief U.S. District Judge



**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK**

Pro Bono Authorization Request

Attorney(s) Name: Kirstin E. Tiffany
Case Number/Party Represented: Richard Sposato; 523-CV-364

☐ **Authorization Request for expenses in excess of \$500.00**

Explanation:

☐ **Authorization Request for voucher in excess of \$2,000.00**

Explanation:

☒ **Travel Authorization Request**

Provide justification for travel and a list of estimated travel expenses:

My office is located at 115 West Green St. Ithaca, New York 14850. The
Mediation took place at Bond, Schoeneck & King located at 115 West Fayette
St. Syracuse, NY 13202. Estimated expenses for travel and parking is \$44.58.

The above Authorization Request for travel expenses, expenses in excess of \$500.00 or voucher in excess of \$2,000.00 is hereby APPROVED.

Presiding Judge (Signature): _____

Dated: _____

*Please email Authorization Request to the "Courtroom Deputy" of presiding Judge

*A copy of the approved authorization must be attached to your pro bono voucher.

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK**

Pro Bono Expense Voucher

Attorney(s) Name: Kirstin E. Tiffany

Law Firm Name: Crossmore & Tiffany Law Office, PLLC

Mailing Address of Law Firm: 115 West Green Street

City/State/Zip: Ithaca, New York 14850

I hereby request payment be made for Pro Bono services performed in:

Case Number: 523-CV-364

Party Represented: Richard Sposato

Dates of Service: From: 9/16/2024 To: 11/20/2024

Rates Effective October 2023 through September 2024
See mileage rates for Northern District of New York

**GRAND TOTAL
VOUCHER AMOUNT**

GSA PER DIEM RATES:	Lodging	Meals
(Recommended)		
Syracuse	\$ 116	\$ 64
Albany	\$ 114	\$ 69
Utica	\$ 107	\$ 59
Binghamton	\$ 113	\$ 64
Plattsburgh	\$ 107	\$ 59

*Only actual expenses may be claimed

\$ 68.88

Finance Audit _____ Date: _____

I certify that I rendered the services described herein, that said services are fair and reasonable and payment is requested from the Northern District of New York's Pro Bono Fund. I further understand that absent prior approval of the Court, cumulative expenses in this matter will not exceed \$2,000.00.

Attorney Signature:  Date: 11/20/24

***Must provide receipts if your expenses include airfare, lodging, rental car and expenses \$50.00 and over.**

***Please submit your voucher via ECF using "Motion for Disbursement of Funds" event.**

***If you have an expense over \$500.00, travel expenses or your voucher exceeds \$2,000.00, please fill out the attached Authorization Request Form.**

Pro Bono Travel Expenses

Receipts required for lodging, airfare, rental cars and any meal \$50.00 and over

*Reimbursement for meals and lodging expenses may be claimed only on an actual expense (itemized) basis, up to the applicable GSA per diem allowance for the date and location of travel. (See Rates table on page 1)

Attorney(s): Kirstin E. Tiffany

DATE	EXPENSE TYPE	TO/FROM	OTHER EXPENSE AMOUNT	MILEAGE	MILEAGE RATE .67 (EFFECTIVE 1/1/24)	TOTAL
11/18/24	Parking		\$ 8.00			\$ 8.00
11/18/24	Meals: Lunch		\$ 24.30			\$ 24.30
11/18/24	Privately Owned Vehicle	Ithaca to Syracuse		54.6	.67	\$ 36.58
TOTAL:						\$ 68.88

*Any expense other than privately owned vehicle, please enter in **OTHER EXPENSE AMOUNT**.

Pro Bono Other Expenses

*Any expenses in excess of \$500.00 should receive the Court's prior approval. Please see guidelines for further details.

Attorney(s): _____

DATE	EXPENSE TYPE	NOTES/PURPOSE	TOTAL EXPENSE AMOUNT
TOTAL:			\$ 0.00